REGISTRATION: BALLOT QUESTION COMMITTEE

For Persons and Organizations Other than PACs Involved in Ballot Question Elections

Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the Commission as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

<u>An Initial Campaign Finance Report must accompany this form.</u> Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

| include expenditures such as | those associated | with the | collection | of | signatures, | paid | staff | time, | travel |
|--|------------------|----------|------------|----|-------------|------|-------|-------|--------|
| reimbursement, and fundraising expenses. | | | | | | | | | |
| Is this an amendment? \square Yes | □ No | | | | | | | | |

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

| COMMITTEE INFORMATION | | | | | | |
|-------------------------------|----------|----------|--|--|--|--|
| Committee Name: | | Acronym: | | | | |
| Mailing Address: | | Phone: | | | | |
| City, State, Zip Code:: | | Fax: | | | | |
| E-mail: | Website: | | | | | |
| TREASURER INFORMATION | | | | | | |
| Name: | | Phone: | | | | |
| Mailing Address: | | | | | | |
| City, State, Zip Code: | E-mail: | | | | | |
| PRINCIPAL OFFICER INFORMATION | | | | | | |
| Name: | | Title: | | | | |
| Mailing address: | | Phone: | | | | |
| City, State, Zip Code: | E-mail: | | | | | |
| | | | | | | |
| Name: | | Title: | | | | |
| Mailing Address: | | Phone: | | | | |
| City, State, Zip Code: | E-mail: | | | | | |

| ALTERNATE E-MAIL ADDRESSES To receive filing reminders and important information from the Commission. These addresses will not be posted online. | | | | | | |
|---|--------------------------------|---|--|--|--|--|
| 1. | | 2. | | | | |
| PRIMARY FUNDRAISERS AND DECISION MAKING Identify any candidates, Legislators or other individuals who are the primary fundraisers and decision makers for the committee. | | | | | | |
| 1. | | 2. | | | | |
| 3. | | 4. | | | | |
| 5. | | 6. | | | | |
| FORM OF ORGANIZATION Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc. | | | | | | |
| Form of Organization: | | Date of Origin/Incorporation: | | | | |
| STATEMENT OF SUPPORT OR OPPOSITION Indicate which ballot question the committee supports or opposes. If the ballot question has not been printed at the time of registration, please indicate whether the committee is involved in a citizen initiative or people's veto and the subject matter. | | | | | | |
| Support | | | | | | |
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| | | | | | | |
| Oppose | | | | | | |
| | | | | | | |
| | | | | | | |
| CICNIATU | DE OF BRINGIPAL OFFICER TREAS | NUDED OD OTHER AUTHORIZED INDIVIDUAL | | | | |
| Signature: | RE OF PRINCIPAL OFFICER, TREAS | SURER OR OTHER AUTHORIZED INDIVIDUAL Title: | | | | |
| | | | | | | |
| Print name: | | Date: | | | | |

IMPORTANT NOTICE:

An initial campaign finance report must be filed with the clerk's office at the time of registration.